Name in Full: Vennie Atkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winons County: Balto

Date of death: 1904 Month: Sept Day: 2 Age: Years: 36 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Va USA

Occupation: Hous work Where Residing if not at place of death: Mt Winons Md

Married, Single or Widowed: Single Name of Wife or Husband: none

Father's Name: John Atkins Father's Birthplace: Va USA

Mother's Maiden Name: Dont Know. Mother's Birthplace: Va —

Name of person giving Information: Richard Robinson How related to deceased: Sisters Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy & Heart failure How long: 8 months

Immediate: Heart failure How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L G Frazier

Address: 165 S Fulton Ave City

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Harper.
Essex C. Va.

Name in Full: Lewis Hmony. Illegitimate Child.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore. County: Baltimore

Date of death 1904: Month: Sept. Day: 20th

Age: Years: — Months: 9. Days: —

Sex: Male. Color or Race: White. Birthplace: Baltimore.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown. Father's Birthplace:

Mother's Maiden Name: Lilly Hmony. Mother's Birthplace: Balto. Co. Md.

Name of person giving In formation: Frank Rosen. How related to deceased: Neighbor.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus. How long: Six months.

Immediate: Acute Meningitis. How long: One week.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: E. V. T. Loyde, M.D.

Address: Parkton, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Victoria Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Guyumbrook — County: Balto.

Date of death 190 4: Month: Sept — Day: 26

Age: Years: — Months: — Days: 2

Sex: Female — Color or Race: White — Birthplace: Guyumbrook

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: John Anderson — Father's Birthplace: Sweden

Mother's Maiden Name: Sophi Johnson — Mother's Birthplace: Sweden

Name of person giving Information: John Anderson — How related to deceased: Father

95

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Congestion of lungs — How long: 1 dy

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Ron Price

Address: Guyumbrook

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: William N. Aughinbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at Roland Park — County: Baltimore

Date of death 1904 — Month: Sept — Day: 11th — Age: Years 34, Months 7, Days 21

Sex: Male — Color or Race: White — Birthplace: Philadelphia

Married, Single or Widowed: Married — Occupation: Insurance Solicitor

Name of Wife or Husband: Charlotte Beam

Father's Name: C. R. Aughinbaugh — Father's Birthplace:

Mother's Maiden Name: Helen M. Seibert — Mother's Birthplace: Harborbaugh Pa.

Name of person giving In formation: W. R. Seibert 47 — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Articular Rheumatism — How long: 14 months

Immediate: Endocarditis — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. J. Wilson

Address: 2200 St Paul St

Accident or Suicide?

LIBRARY BUREAU A2B316

Dr W. Willey

2205. St Paul St

Office Hours. 8-10. a.m.
3-4 & 7-8 P.m.

H-M. Jenkins Bldg

Name in Full: Carrie Lee Bare

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alberton — County: Baltimore

Date of death: Month: Sept — Day: 9 — 19 04

Age: Years: 16 — Months: 2 — Days: 29

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Cotton Mill Operative — Where Residing if not at place of death: ——

Married, Single or Widowed: Single — Name of Wife or Husband: ——

Father's Name: John Henry Bare — Father's Birthplace: Md.

Mother's Maiden Name: Mary Lee Henson — Mother's Birthplace: Va.

Name of person giving Information: Mary Lee Bare — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hodgkin's Disease — How long: About 12 months

Immediate: Asthenia — How long: About 4 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm B Gambrill

Address: Alberton, Md.

Accident or Suicide?

LIBRARY BUREAU A45516

Name in Full: Mabel Beatty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Texas; County:

Date of death: 1904 Month: 9 Day: 16

Age: Years: 10 Months: Days: 22

Sex: Female Color or Race: White Birthplace: Texas Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Gastro-enteritis

How long: about 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. C. Bussard

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU

To be buried by
Evan & Price at
Grace church.

Name in Full: Annie Stacie Benson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govanstown; County: Balto.

Date of death 1904: Month: Sep; Day: 13.; Age: Years —; Months —; Days 9

Sex: Female; Color or ~~Race~~: Colored.; Birthplace: Govanstown

Married, Single or Widowed: Baby; Occupation —

Name of Wife or Husband: —

Father's Name: Lee King; Father's Birthplace: Pittsburg

Mother's Maiden Name: Lizzie Benson; Mother's Birthplace: Balto Co.

Name of person giving information: Nellie Benson; How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis; How long: one day

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Hoes M.D.

Address: 516 N. Govans Balto Md.

Accident or Suicide? neither

LIBRARY BUREAU A88516

Zion Burying
Ground

No Undertaker

Name in Full: John Bohlen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rossville — County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: Sept — Day: 21 — Age — Years: 51 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury to Brain caused — How long: 4 hours

Immediate: by kick from horse — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. Vernon

Address: Rossville Md.

Accident or Suicide? Accident

LIBRARY BUREAU A60516

Name in Full: Mary Boyle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore; County: Balt.

Date of death: Month: Sept; Day: 15; 1904

Age: Years: 39; Months: —; Days: 1

Sex: Female

Color or Race: W

Birthplace: Md

Occupation: Work

Where Residing if not at place of death: —

Married, Single or Widowed

Name of Husband: Thomas D. Boyle

Father's Name: Michael Adams

Father's Birthplace: Balto

Mother's Maiden Name: Catherine Schow

Mother's Birthplace: " "

Name of person giving information: Thomas D. Boyle

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Confinement — How long: four hours

Immediate: Cardiac Syncope — How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D.W. Jones M.D

Address: 311 E O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A88516

Wendell Dipped Dry Sms

Sacred Heart Cemetery

Name in Full: James Albert Brown

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Manlius Mills P.O. (County) Baltimore

Date of death 1904 (Month) Sept. (Day) 2 nd

Age (Years) — (Months) 5 (Days) 7

Sex Male

Color or Race Colored

Birthplace Manlius Mills Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed —

Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Wm H. Brown

Father's Birthplace Manlius Mills Md

Mother's Maiden Name Jane Ann Diggs

Mother's Birthplace Butler Md

Name of person giving Information Wm H. Brown

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary General Debility

How long 3 mos.

Immediate Exhaustion

How long "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. H. Brashears

Address Butler Md.

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Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lillian Virginia Burns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Hall; County: Balt

Date of death 1904: Month: 9; Day: 2

Age: Years: 1; Months: 3; Days: 28

Sex: Female

Color or Race: White

Birthplace: White Hall

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Charley H. Burns

Father's Birthplace: Md

Mother's Maiden Name: Laura. Ironi

Mother's Birthplace: Md

Name of person giving information: William J. Burns

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro Intestinal Catarrh — How long: 3 weeks

Immediate: Nephritis — How long: 7 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. K. Hopkins

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU A35316

Name in Full: J. Theodor Busch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Orangeville; County: Baltimore

Date of death 1904: Month: Sept.; Day: 14th; Age: Years: 48; Months: —; Days:

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: Prin Worker

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John T. Busch; Father's Birthplace: Germany

Mother's Maiden Name: Mary G. Hemelt; Mother's Birthplace: Germany

Name of person giving In formation: Catharine Osterhaus; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns.; How long: 1 week.

Immediate: Shock.; How long: 1 week.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. C. Schofield

Address: Highlandtown

Accident or ~~Suicide~~?

8

LIBRARY BUREAU A98516

Sacred Heart - Cemetery

Sept. 17th 1904

Germanus France

Undertaker

Name in Full: Edward Albert Carbock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bevins; County: Balto

Date of death: Month: Sept; Day: 3; Year: 1904

Age: Years: 1; Months: 4; Days:

Sex: male

Color or Race: white

Birthplace: md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. Carbock

Father's Birthplace: md

Mother's Maiden Name: Annie York

Mother's Birthplace: md

Name of person giving Information: Geo Carbock

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal Nutrition

How long: 6 month

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Hayman

Address: Middle River

Accident or Suicide? no

LIBRARY BUREAU A88316

Name in Full: Infant of William and Annie Carr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mount Winans — County: Baltimore

Date of death 1904 — Month: Sept — Day: 15

Age: Years — Months: 1 Month — Days:

Sex: Male — Color or Race: white — Birthplace: Mt Winans

Occupation: Infant — Where Residing if not at place of death: Mount Winans

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Carr — Father's Birthplace: Balto City

Mother's Maiden Name: Annie Hagerty — Mother's Birthplace: Balto City

Name of person giving Information: William Carr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long

Immediate: Asthenia — How long

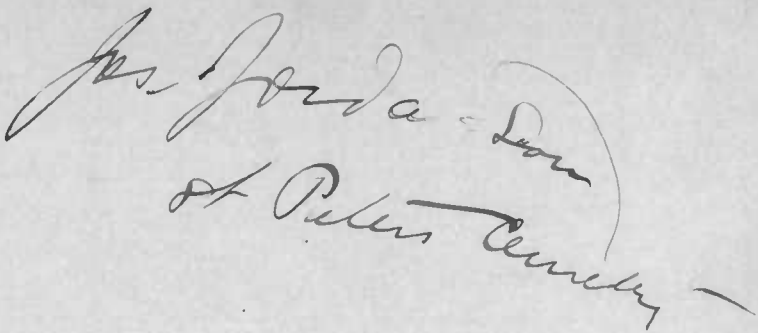
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. E. Murray M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A3B516



Name in Full: Catherine Cashman -

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Balto

Date of death: Month: Sept Day: 1st 1904 Age: 46 Months: — Days: —

Sex: Female Color or Race: White Birthplace:

Occupation: Religious Where Residing if not at place of death: Portland Maine

Married, Single or Widowed: Single Name of Wife or Husband: 0

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Recds of Mt Hope Retreat How related to deceased: Not at all.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Acute (Post febrile) How long: 7 or 8 wks

Immediate: Exhaustion - How long: " - "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flanner

Address: Mt Hope Retreat Balto Co Md -

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Francis Schuster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Patapsco Neck — County: Baltimore

Date of death 1904: Month: Sept. — Day: 16 — Age: Years: — Months: — Days: 9

Sex: Female — Color or Race: White — Birthplace: Patapsco Neck

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: Joseph Schuster — Father's Birthplace: Germany

Mother's Maiden Name: Katie Dabuisen — Mother's Birthplace: Germany

Name of person giving Information: Joseph Schuster — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Trismus Neonatorum — How long: 24 hours

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eldred M. D.

Address: Sparrows Point

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Accident — Suicide? —

LIBRARY BUREAU A8D16

Name in Full: John G Clarke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Station E Arlington — County: Baltimore

Date of death	Month	Day	Years	Months	Days
1904	Sept	24	Age 81	9	13

Sex: Male

Color or Race: White American

Birthplace: Maryland

Occupation: Merchant

Where Residing if not at place of death: Park Heights Ave Md

~~Married, Single~~ or Widowed

~~Name of Wife or~~ Husband

Father's Name: George Clarke

Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Johanna Mc Bayne

Mother's Birthplace: Md

Name of person giving information: Ernest B. Jones

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart disease — How long: several years

Immediate: Exhaustion — How long: several weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Morris Naylor

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Stewart Brown
Battinion 7th Md

Name in Full: Harry Ernest Coale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death 1904: Month: Sept.; Day: 27

Age: Years: —; Months: —; Days: 7

Sex: Male; Color or Race: White; Birthplace: Catonsville

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry E. Coale; Father's Birthplace: Howerdegree

Mother's Maiden Name: Nasta E. Delcher; Mother's Birthplace: Baltimore

Name of person giving information: Mrs Coale; How related to deceased: mother

CAUSES OF DEATH

Primary: Nephritis; How long: 2 days

Immediate: Convulsions; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. Ly. Stultz M.D.

Address: Catonsville Md.

Accident or Suicide?

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LIBRARY BUREAU A6531G

Name In Full

Ann Cook

Certificate of Death

Died at Granby Town, Balto County, MARYLAND

Date 1904 Sept 24 | Age about 70 yrs | Native of Md | Occupation none

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 2

~~Husband~~ Wife of John Cook

Father's Name not known | Mother's Maiden Name not known

Cause of Death: Primary Apoplexy — 2 — How long sick 4 days

Immediate Coma & Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by R. F. Shipley Grandy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 2998

Name in Full: Bessina Darnall Cooke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Stevenson County: Baltimore

Date of death 1904: Month: Sept Day: 27th Years: Age 25m Months: 1 Days: 27

Sex: Female Color or Race: White Birthplace: Glenita Balto Co Md

Occupation: Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or ~~Widowed~~: Single Name of Wife or Husband:

Father's Name: Adolphus Cooke Father's Birthplace: P.G. Co Md

Mother's Maiden Name: Rachel Cooke Mother's Birthplace: Howard Co Md

Name of person giving information: Adolphus Cooke How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis How long: one year or longer

Immediate: Exhaustion How long: several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Louis Naylor

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Alvin Corell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park; County: Baltimore

Date of death 1904: Month: Sept; Day: 1

Age: Years: 60; Months: 8; Days: 27

Sex: Male

Color or Race: White

Birthplace: New Jersey

Married, Single or Widowed: Married

Occupation: Lumber Dealer, Retail

Name of Wife or ~~Husband~~: Mary A. Corell (Lawrence)

Father's Name: Isaac Corell

Father's Birthplace: New Jersey

Mother's Maiden Name: Hannah M. Van Vliet

Mother's Birthplace: " "

Name of person giving information: Paul Corell

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis — How long: 2 years.

Immediate: Cerebral Hemorrhage (Exhausting) — How long: 29 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M. Gilson Porter

Address: Roland Park Md.

Accident or Suicide? No.

LIBRARY BUREAU A22218

Stewart Brown
215 Park ave

London Park

Name in Full: Mississippi Cuyler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cavalier Inn Stevenson — County: Baltimore

Date of death 1904: Month: Sept — Day: 21st — Age: Years: 41 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Georgia Ala

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard M. Cuyler — Father's Birthplace: unknown

Mother's Maiden Name: Potter — Mother's Birthplace: unknown

Name of person giving In formation: John P. Cuyler — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthenia — How long: Several years

Immediate: Heart Failure — How long: 25 minutes

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: Thomas R. Brown

Address: 1033 Carlton St Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88510

T. R. Brown M.D.
1033 Cathedral St

H. W. Jenkins Sons & Co.

Name in Full: Harry E. Deal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis Road — County: Balt.

Date of death 1907: Month: Sept. — Day: 19 — Age: Years: 3 — Months: 5 — Days: —

Sex: Male — Color or Race: Black — Birthplace: Balto. Co. Md.

Occupation: — — Where Residing if not at place of death: Annapolis Road

Married, Single or Widowed: — — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Noah Hanson Deal — Father's Birthplace: A.A.Co. Md

Mother's Maiden Name: Barbara Deal — Mother's Birthplace: A.A.Co. Md

Name of person giving information: " " " " — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheric Croup. (9) — How long: 4 days

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank A. Ruhl

Address: Lansdowne. Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Emma R. Decker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month	Day	Age	Years	Months	Days
	Sept.	8		35	11	2

Sex: Female	Color or Race: White	Birth-place: Baltimore	
Married, Single or Widowed: Married	Occupation: —		
Name of Wife or Husband: Chas. K. Decker			
Father's Name: Edward Vanhewkirk		Father's Birthplace: Baltimore	
Mother's Maiden Name: Amanda Kirby		Mother's Birthplace: Baltimore	
Name of person giving In formation: Amanda Vanhewkirk		How related to deceased: Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child Birth		How long: 1 week
Immediete: "		How long: "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: J. T. Spiesmall	
	Address: 14 N. Patterson Pk Ave	
Accident or Suicide?		

LIBRARY BUREAU A6851G

Name in Full: Charles Dixon, Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westport; County: Balto.

Date of death 190 4: Month: 9; Day: 25; Age: Years —; Months: 2; Days: 14

Sex: Male; Color or Race: Colored; Birthplace: Balto. Co

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: Charles Dixon, Sr; Father's Birthplace: Balto Co

Mother's Maiden Name: Georgeanna Powell; Mother's Birthplace: Balto. Co

Name of person giving In formation: Father; How related to deceased: Parents

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum; How long: 3 days

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo. F. Brunier M.D.

Address: 902 Russell st Baltimore

Accident or Suicide? —

PHYSICIAN OR CORONER

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LIBRARY BUREAU A68516

Geo. Harper.

Short St. C—

Name in Full: Ebert. Emma.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Galensville; County: Balto

Date of death 1904: Month: Sept; Day: 15th; Age: Years: 55; Months; Days

Sex: Female; Color or Race: white; Birthplace: Ind

Occupation: None; Where Residing if not at place of death: X

Married, Single or Widowed: Single; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving information: X; How related to deceased: X

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia; How long: 15 yrs

Immediate: Cerebral Hemorrhage; How long: 2 Hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Percy Wade.

Address: Galensville, Ind

Accident or Suicide? No.

LIBRARY BUREAU A66518

Name in Full: Mark H Emerick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Winans — County: Balto

Date of death: 1904 — Month: Sept — Day: 26 — Age: ~~1 year~~ — Months: 6 mo — Days: 16

Sex: Female — Color or Race: white — Birthplace: Mt Winans

Occupation: — Where Residing if not at place of death: Mt Winans

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Edward Emerick — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Lilly Wareman — Mother's Birthplace: Balto Co Md

Name of person giving Information: Albion Hathaway — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: some time

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C R Davis

Address: 923 N Carroll Ave Balto Md

Accident or Suicide?

LIBRARY BUREAU A83016

Marie W Emrich
6 mos 16 days

Western Cem
J B Cook

Name in Full: Arthur Fawkes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Baltimore

Date of death 1904 — Month: Sept. — Day: 11th — Age: Years 23 — Months — Days

Sex: Male — Color or Race: colored — Birthplace: Virginia

Occupation: Cook — Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Albert Fawkes — Father's Birthplace: Va

Mother's Maiden Name: Susan Hankens — Mother's Birthplace: Va

Name of person giving Information: Wm Fawkes — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 1 month

Immediate: Exhaustion & Haemorrhage — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G E McCormick MD

Address: Sparrows Point Md

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU

Name in Full: Bridget Finnegan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 Month: Sept Day: 7 Years: Age 40 Months: Days:

Sex: Female Color or Race: White Birthplace: Ireland

Occupation: Cook Where Residing if not at place of death: 1902 Lemmon St Balto Md

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: James Finnegan Father's Birthplace: Ireland

Mother's Maiden Name: Bridget McCaull Mother's Birthplace: "

Name of person giving Imformation: Patrick Finnegan How related to deceased: Brother

1655

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apneia. Poisoning How long:

Immediate: Failure of Respiration How long: 8 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R C L Mattfeldt

Address: Health Officer Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full — Certificate of Death

Flavia J. Fernandez

Died at Town: Conval Sanatorium, County: Balt. MARYLAND

Date 1904 Month Apl. Day 6 | Age Y. 29. M. D. | Native of Porto Rico | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of
Wife

Father's Name Pedro Fernandez | Mother's Name

Cause of Death: Primary Chronic Pneumonia | How long sick About One Yr.

Immediate Complications | ~~Accident, Suicide, Homicide~~

Reported by Louis P. Lundin M.D.

Address The Conval Sanatorium, Pikesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Mrs. Mary A Gerting

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton — County: Balto.

Date of death 1904: Month: Sept. — Day: 26 — Age: Years: 63 — Months: 8 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Balto City

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: Wm R. Gerting

Father's Name: John Gantner — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth C Loos — Mother's Birthplace: Germany

Name of person giving information: Winifred Gerting — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: 4 mo.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Ross Payne

Address: Corbett Md.

Accident or Suicide?

LIBRARY BUREAU A6631G

Name in Full: Andrew Gibson 134

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork; County: Balto.

Date of death 1900: Month: Sept; Day: 1; Age: Years: 79; Months; Days

Sex: male; Color or Race: white; Birthplace: Ireland

Occupation: Justice of the Peace; Where Residing, if not at place of death

Married, Single or Widowed; Name of Wife or Husband: Susana Gibson

Father's Name: ~; Father's Birthplace: ~

Mother's Maiden Name: ~; Mother's Birthplace: ~

Name of person giving Imformation: John Arthur; How related to deceased: None

79

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis of the heart-; How long: one week

Immediate: ~; How long: ~

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. F. H. Gosnell

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A888 18

Name in Full Margaret [illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Parkton County: Balto

Date of death 1904 Month: 9 Day: 6

Age Years: 70 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Ireland

Occupation: House Keeper Where Residing if not at place of death: Parkton

Married, Single or Widowed: Widow Name of Wife or Husband:

Father's Name: Don't Know Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Katie Gleason How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation How long: 1 yr

Immediate: Uraemic Coma How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Ross Payne

Address: Corbett Md

Accident or Suicide? ~~Accident or Suicide~~

LIBRARY NLM/AAU A88516

Name in Full: John F. Gould

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sparrows Point (County) Baltimore

Date of death 1904 (Month) Sept. (Day) 4th

Age (Years) 31 (Months) 5 (Days) 23

Sex Male | Color or Race White | Birth-place Penna

Occupation Machinist | Where Residing if not at place of death Sparrows Point

Married, Single or Widowed Single | Name of Wife or Husband —

Father's Name Wm F. Gould (deceased) | Father's Birthplace Ireland

Mother's Maiden Name Savannah Welch (deceased) | Mother's Birthplace Ireland

Name of person giving Information Mary Gould | How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis | How long 6 mo.

Immediate Exhaustion & Hemorrhage | How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician G. C. McCormick M.D.

Address Sparrows Point Md.

Accident or Suicide? No

LIBRARY BUREAU A48518

Name in Full: Mary E. Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hamilton — County: Balto.

Date of death 1904 — Month: Sept. — Day: 24 — Age — Years: 53 — Months: 7 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Balto. city

Married, Single or Widowed: married — Occupation: None

Name of Wife or Husband: Phylip C. Hammond

Father's Name: David Jones — Father's Birthplace: England

Mother's Maiden Name: Annie Hughes — Mother's Birthplace: England

Name of person giving In formation: David Johnson — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy — How long: 3 attacks in last 3 yrs.

Immediate: Degeneration in the medulla. — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geary A. Long M.D.

Address: Hamilton, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

To. Baltimore Conn

G. F. Walker

723. N. Lafayette Ave

Name in Full: Elizabeth Hann

CERTIFICATE OF DEATH

MARYLAND

Died at: Franklin Sq. Hospital, Town: Baltimore, Md., County: Baltimore

Date of death 1 90: Month: Sept., Day: 17, Years: Age 23, Months, Days

Sex: Female | Color or Race: White | Birthplace: New Jersey

Occupation: Domestic | Where Residing if not at place of death: 31 Md. Ave., Westport

~~Married~~, Single or Widowed | Name of Wife or Husband

Father's Name: John Hann | Father's Birthplace: New Jersey

Mother's Maiden Name | Mother's Birthplace: " "

Name of person giving Information: John Hann | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abdominal Operation | How long

Immediate: Peritonitis | How long: About 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ayley Gilmer M.D. Res. Phys.

Address: Franklin Sq. Hospital, Baltimore, Md.

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: James Heathcote

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Maryland Line — County: Balto

Date of death 190 4: Month: Sept — Day: 6 — Age: Years: 83 — Months: — Days: 20

Sex: M — Color or Race: White — Birthplace: England

Occupation: Farmer — Where Residing if not at place of death:

~~Married~~, Single or Widowed: Widower — Name of Wife or Husband: Mary Ann Heathcote

Father's Name: Thos. Heathcote — Father's Birthplace: England

Mother's Maiden Name: Buckley — Mother's Birthplace: "

Name of person giving Information: James I Heathcote — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Age — — — How long:

Immediate: Prostatic enlargement — How long: 10 ds

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel V Mayer

Address: Maryland Line Md

Accident or Suicide?

LIBRARY BUREAU A8861G

Name in Full: Sarah Anna Heinrichs

CERTIFICATE OF DEATH

MARYLAND

Died in (Town) Arbutus (County) Balto Co

Date of death 1904: Month Sept. Day 23d | Age: Years 36 Months Days

Sex: female | Color or Race: White | Birthplace: Maryland

Married, Single or Widowed: married | Occupation: housewife

Name of Wife or Husband: Adolph Heinrich

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving information: Adolph Heinrichs | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis | How long: one year

Immediate: coma | How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Md

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: John Whitney Hidey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Owings Mills — County: Balto.

Date of death 1904 — Month: Sept — Day: 5 — Age: Years: 10 — Months: 7 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Balto Co.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Wm Hidey (Deceased) — Father's Birthplace: Balto Co

Mother's Maiden Name: Margaret Smith — Mother's Birthplace: "

Name of person giving information: E. F. Hidey — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleurisy — How long: One Week

Immediate: Emphysema — How long: Two Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Keating M.D.

Address: Owings Mills Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Annie Marie Hogarth

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govanstown; County: Balto.

Date of death: Month: 1904 Sept.; Day: 21; Age: Years: 31; Months: 1; Days: 14

Sex: Female; Color or Race: White; Birthplace: England.

Occupation: Housework; Where Residing if not at place of death: Govanstown.

Married, Single or Widowed: Single; Name of Wife or Husband: ——

Father's Name: John Hogarth; Father's Birthplace: England

Mother's Maiden Name: Lucy Harrison; Mother's Birthplace: England

Name of person giving Information: John L. Hogarth; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis; How long: 2 Years

Immediate: Anaemia; How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. C. Hess M.D.

Address: Sta H Govans Baltimore Md.

Accident or Suicide? ——

LIBRARY BUREAU A4N818

H. C. Wiedefeld

St Marys

Germantown

Name in Full: Clara Josephine Holmes

CERTIFICATE OF DEATH

MARYLAND

Died at: Parkton (Town) — Baltimore (County)

Date of death 190 4: Month Sept. — Day 22nd — Age: Years — Months 7 — Days 8

Sex: Female — Color or Race: Black — Birthplace: Parkton, Md.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: John Wm. A. Holmes — Father's Birthplace: Ga.

Mother's Maiden Name: Clara Lavinia Jones — Mother's Birthplace: Md.

Name of person giving information: Clara Jones — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: Four months.

Immediate: Acute Pericarditis — How long: Ten days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Heyde M.D.

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU Aegis

Name in Full: Hattie Isaacs.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Halethorpe — County: Baltimore

Date of death — Month: Sept. — Day: 18th — 1904

Age — Years: 15 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: A.A. Co. Md.

Occupation: Home — Where Residing if not at place of death: Halethorpe.

Married, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: Chas. Isaacs — Father's Birthplace: A.A. Co. Md

Mother's Maiden Name: Hannah Hawkins. — Mother's Birthplace: A.A. Co. Md.

Name of person giving Information: Mother — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 11 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank H. Buhl

Address: Lansdowne Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full: Laura Augusta Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sherwood; County: Baltimore

Date of death: Month: Sept; Day: 12th; 1904

Age: Years: 68; Months: 6; Days:

Sex: Female

Color or Race: White

Birthplace: Baltimore Md

Occupation: —

Where Residing if not at place of death: Sherwood Balto Co Md.

Married, Single or Widowed: Widowed

Name of Wife or Husband: Josias Jenkins

Father's Name: Thomas A. Wilson

Father's Birthplace: Hartford Co Md

Mother's Maiden Name: Mary Parkinson

Mother's Birthplace: Belfast Ireland

Name of person giving Information: Thos B. Jenkins

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastric Cancer 40

How long: Eight months

Immediate: Prostration

How long: Six days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H. L. Smith M.D.

Address: Rider Md

Accident or Suicide? —

LIBRARY BUREAU A88618

Name in Full: Esther Eunice Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arbutus; County: Baltimore

Date of death: Month: Sept. 1904; Day: 18; Age: Years —; Months: 6; Days: 3

Sex: Female. Color or Race: White. Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~. Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George K. Johnson. Father's Birthplace: Maryland

Mother's Maiden Name: Lulu Marie Ireland. Mother's Birthplace: Maryland

Name of person giving Information: Mrs. Geo. K. Johnson. How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis. How long: 2 weeks

Immediate: Manition. How long: 2 wks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm R. Earecksom

Address: Eek Ridge, Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A68316

Name in Full: Carroll Clifton Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Green Spring Valley — County: Balto.

Date of death 190 H — Month: Sept. — Day: 23rd — Age — Years: — Months: 8 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Green Spring Valley

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: George Edward Jones — Father's Birthplace: Cave's.

Mother's Maiden Name: Alice M. Cone. — Mother's Birthplace: Franklinville Md

Name of person giving information: George E. Jones — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 10 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Nathan R Smith M.D

Address: Brooklandville

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Maria L. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glyndon — County: Balto

Date of death 1904 — Month: Sept — Day: 4 — Age — Years: 41 — Months: 3 — Days: 16

Sex: female — Color or Race: Colored — Birthplace: Md

Occupation: house wife — Where Residing if not at place of death: Glyndon

Married, ~~Single~~ ~~or Widowed~~ — Name of Wife or Husband: Nathen L. Jones

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Jackson — Father's Birthplace: Md

Mother's Maiden Name: Ellen N. Jackson — Mother's Birthplace: Md

Name of person giving In formation: Ellen N. Jackson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 years

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Rand Price

Address: Glyndon Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Dorothy Naylor Kapp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruxton. County: Baltimore.

Date of death: Month: Sept. Day: 8

Age: Years: 0. Months: 8. Days: 14

Sex: Female. Color or Race: white. Birthplace: Auburn N.Y.

Occupation: —. Where Residing if not at place of death: Parrish Prince Md

Married, Single or Widowed: Single. Name of Wife or Husband: —

Father's Name: John Bailey Kapp. Father's Birthplace: Mt Washington Md

Mother's Maiden Name: Lucretia Harriet Naylor. Mother's Birthplace: Baltimore Md

Name of person giving Information: John Bailey Kapp. How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero colitis. How long: one week

Immediate: asthenia. How long: one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature Physician: William J Todd M.D.

Address: Mt Washington Md

Accident or Suicide? —

LIBRARY BUREAU A66516

A. S. Marshall
3539 Fall Road
Druid Ridge
Sept 10 - 1904

Name in Full: Mary A. Keating

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Texas County: Baltimore

Date of death: Month: 5 Sept. Day: 30 1904

Age: Years: 53 Months: Days:

Sex: Female Color or Race: White

Birthplace: Texas Md.

Occupation: Home work

Where Residing if not at place of death: at home

Married, Single or Widowed: Married

Name of Wife or Husband: Matt. Keating

Father's Name: Patrick Connor

Father's Birthplace: Ireland

Mother's Maiden Name: Margaret Twomey

Mother's Birthplace: Ireland

Name of person giving Information: M. T. Connor

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: about one year

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. T. Busey M.D.

Address: Texas. Md.

Accident or Suicide?

LIBRARY MUREAU A33516

Henry W. Maus and Son

St. Joseph's Cemetery

Texas, Balto. Co., Md.

Oct. 3, 1904

Name in Full: Clarence Kemp 138

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fork; County: Balto.

Date of death: Month: Sept. Day: 14 1904

Age: Years: —; Months: 2; Days: —

Sex: Male

Color or Race: White

Birthplace: Fork

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: Nicholas Kemp

Father's Name: Nicholas Kemp

Father's Birthplace: Balto Co

Mother's Maiden Name: Aleda Kemp

Mother's Birthplace: Harford Co

Name of person giving information: Nicholas Kemp

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis — How long: one month

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. A. Queen

Address: Gittings, Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Catherine Keys

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown / County: Balto Co

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month: Sept	Day: 11	Age: Years: 71	Months: 4	Days:
Sex: Female	Color or Race: White			Birthplace: Va	
Occupation: Home Keeper		Where Residing if not at place of death: Govanstown			
~~Married, Single~~ Widowed	Name of ~~Wife or~~ Husband: Fielding Keys				
Father's Name: Rose				Father's Birthplace: Not Known	
Mother's Maiden Name: Nancie Matthews				Mother's Birthplace: Va	
Name of person giving information: Wm J. Smith				How related to deceased: Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility		How long: one year
Immediate: Anaemia		How long: two months.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: H. O. Hoen M.D.	
	Address: Sta. H Govans. Balto. Md	
Accident or ~~Suicide~~? Natural		

LIBRARY BUREAU A5M616

A S Marshall

3539 Fall Road

Roxbar County

Name in Full: Frederick Kiesel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stilz — County: Balto

Date of death: 1904 — Month: Sept — Day: 13 — Years: 82 — Months: 3 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Kiesel

Father's Name: — Father's Birthplace: Germany

Mother's Maiden Name: Barbra Aspperger — Mother's Birthplace: " "

Name of person giving Information: Mrs. D. Seibold — How related to deceased: Step daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: —

Immediate: Debility — How long: Few Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. R. Aldaugh

Address: Glen Rock. R. F. D. #1

Accident or Suicide?

8

LIBRARY BUREAU A88018

Name in Full: Frank D Klein

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosedale — County: Balto

Date of death: 1904 — Month: Sept — Day: 27 — Age: Years: — Months: — Days: 7

Sex: male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Geo. D. Klein — Father's Birthplace: Md

Mother's Maiden Name: Margaret Eckmeyer — Mother's Birthplace: "

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jm. D Carel M. D.

Address: Gardenville

Accident or Suicide?

LIBRARY BUREAU A898B16

Name in Full: Elenelia Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sparrows Point; County: Baltimore; MARYLAND

Date of death: 1904 Month: Sept Day: 20

Age: Years: 1 Months: 2 Days: 10

Sex: Female

Color or Race: Colored

Birthplace: Sparrows Point

Occupation: —

Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed

Name of Wife or Husband: —

Father's Name: Truly Knight

Father's Birthplace: Va

Mother's Maiden Name: Nelia Thomas

Mother's Birthplace: Va

Name of person giving information: Truly Knight

How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 10 days

Immediate: exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. McCormick M.D.

Address: Sparrows Point Md

Accident or Suicide? no

LIBRARY BUREAU A88016

Name in Full: Wm N Knight

CERTIFICATE OF DEATH

MARYLAND

Died at: Town White Marsh County Baltimore

Date of death 1902 Month Sept Day 2 Years Age 79 Months Days

Sex: Male Color or Race: White Birthplace

Occupation: Farmer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury to spine through severe fall How long 8

Immediate: Valvular Heart Disease How long 8 mos.

Are the name, age, sex, color, date and place correctly given above? Copied by W. H. L. from funeral card

Signature of Physician: C W Gilbert

Address: White Marsh Balto Co Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Chgrity Krummell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stabblersville; County: Balt

Date of death 1904: Month: 9; Day: 12; Age: Years: 54; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: Married; Name of ~~Wife or~~ Husband: Richard Krummell

Father's Name: James Krummell; Father's Birthplace: Md

Mother's Maiden Name: dont Know; Mother's Birthplace:

Name of person giving Information: Richard B Krummell; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: 1 day

Immediate: " ; How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. K. Norris

Address: Preston Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Francis J. Kurdle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Balto

Date of death 1904 — Month: 9 — Day: 4

Age — Years: 7 — Months: — — Days: —

Sex: Male

Color or Race: White

Birthplace: Balto Md.

Occupation: none.

Where Residing if not at place of death: Eastern ave & 3rd

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thos J. Kurdle — Father's Birthplace: Balto

Mother's Maiden Name: Margaret Schultz — Mother's Birthplace: Germany

Name of person giving information: Thos J Kurdle — How related to deceased: Father

CAUSES OF DEATH

Primary: Diphtheria — How long: 3 days.

Immediate: & Exhaustion. — How long: 6 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Jas. L. Truax MD

Address: 3 and Gough Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A66316

Holy Redeemer Conv.

J. Herwig, Can.

Name in Full: Ellen Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: McDonogh; County: Baltimore

Date of death 1904: Month: Sep.; Day: 18

Age: Years: 54; Months: 4; Days: 24

Sex: Female; Color or Race: White; Birthplace: Baltimore Co

Married, Single or Widowed: Married; Occupation: House wife

Name of Wife or Husband: George Long

Father's Name: George Reis; Father's Birthplace: Germany

Mother's Maiden Name: Catherine Hesler; Mother's Birthplace: Germany

Name of person giving information: Husband Geo Long; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Uterine Cancer; How long: about one year

Immediate: Heart failure; How long: Unknown

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M H Carnsfield

Address: Owings Mills, Md

Accident or Suicide?

LIBRARY BUREAU A9981S

Name in Full: Mrs. Sarah McAvoy

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hospital; County: Balto. MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	September	12	Age 72		

Sex: Female | Color or Race: White | Birthplace: Ireland

Occupation: None | Where Residing if not at place of death: Sligo, Md.

~~Married, Single~~ or Widowed: Widow | Name of Wife or Husband:

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

1179

CAUSES OF DEATH

Primary: Complications of Disease — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. O'Mara M.D.

Address: St. Agnes Hospital

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Henrietta McCrea — 136

CERTIFICATE OF DEATH

Died at: Town: Lareley — County: Balto — MARYLAND

Date of death: Month: Sept. — Day: 13. — 1904

Age: Years: 75 — Months: — Days:

Sex: female — Color or Race: white — Birthplace: N. Y.

Occupation: none. — Where Residing If not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Sophia Dinkelhardt — Mother's Birthplace: Baltimore

Name of person giving Information: Mrs. Chas E. Barnett — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Two Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Gilbert M.D.

Address: White Marsh Md

Accident or Suicide?

LIBRARY BUREAU A88616

Burial at Baltimore Md.
Greenmount Cemetary

William Cook
500 E. North Ave
Baltimore Md

Name in Full: No Name Stillborn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arbutus — County: Balto

Date of death 190 4: Month: Sept — Day: 21 — Years: Born dead — Months — Days

Sex: male — Color or Race: white — Birthplace: Arbutus Balto Co

~~Married~~, Single or ~~Widowed~~ — Occupation: —

Name of Wife or Husband: —

Father's Name: James E. McDaniel — Father's Birthplace: Maryland

Mother's Maiden Name: Caroline K. Lamar — Mother's Birthplace: Maryland

Name of person giving information: James E. McDaniel — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prolonged labor from deformity of mother — How long: —

Immediate: coma — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur E. Williams

Address: Elkridge Howard Co Md

Accident or Suicide? No

LIBRARY BUREAU A33816

Name in Full: Alexander McKee.

CERTIFICATE OF DEATH

N. C. ~~MARYLAND~~

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Belmont | County: Gaston

Date of death 1904 | Month: Sept | Day: 14 | Age: Years 26 | Months 3 | Days 10

Sex: Male | Color or Race: Caucasian | Birthplace: Belmont, N.C.

Occupation: R.F.D. Carrier | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband: ——

Father's Name: James McKee | Father's Birthplace: Gaston Co. N.C.

Mother's Maiden Name: Mary Armstrong | Mother's Birthplace: Gaston Co. N.C.

Name of person giving information: J. P. Armstrong | How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever | How long: 14 days.

Immediate: Intestinal Perforation | How long: 36 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J.P. Mickson M.D.

Address: 640 W. Lombard

Baltimore, Md.

Accident ~~or Suicide~~? accident

LIBRARY BUREAU A88516

Name in Full: Catherine A. McKnight

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bears Dam — County: Bath

Date of death 1904: Month: Sept — Day: 11 — Age: Years: — Months: 13 — Days: —

Sex: female — Color or Race: white — Birthplace: Bears Dam

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Mc Knight — Father's Birthplace: England

Mother's Maiden Name: Anna Gordon — Mother's Birthplace: Bath Co.

Name of person giving In formation: R. Mc Knight — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long: 5 weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. F. Busey

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A88015

Le Le Berid at
St Joseph Lepers at
2 P M Monday sept 12
By Ernest Rice
Lepers

Ps Please Return next
Mail A Mail

...ry A. Maguire

CERTIFICATE OF D...

MARYLAND

Died at Town: Mt Hope Retreat — County: Balto

Date of death 1904 — Month: Sept — Day: 30th — Age: Years 72 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: Housewife — Where Residing if not at place of death

~~Married, Single or Widowed~~ — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Reeds Mt Hope — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Mania — How long: 11 mos

Immediate: Septic Inflamation of Cervical Glands - 2 wks — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md

Accident or Suicide?

PHYSICIAN OR CORONER

Mary A. Maguire

Name in Full: Maggie Markley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore — MARYLAND

Date of death 1904 — Month: 9 — Day: 26

Age — Years: 45 — Months: 1 — Days: 29

Sex: Female

Color or Race: White

Birthplace: Baltimore Co

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: George Markley

Father's Name: Dietrich Zimmerman

Father's Birthplace: Germany

Mother's Maiden Name: Antonia Kloskelman

Mother's Birthplace: Germany

Name of person giving information: George Markley

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction Bowel — How long: 2½ days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. V. Athey

Address: 2 Hudson St East

Accident or Suicide?

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LIBRARY BUREAU A69516

Mount Carmel.
H. Sander & Sons

Name in Full: Frederick Dorsey Mitchell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hereford — County: Baltimore

Date of death 1904 — Month: Sept. — Day: 15

Age — Years: 79 — Months: 3 — Days: 17

Sex: Male

Color or Race: White

Birthplace: Hagerstown Md.

Married, Single or Widowed: Widower

Occupation: Physician

Name of Wife or Husband: Mary E. Mitchell

Father's Name: Alexander Mitchell

Father's Birthplace: Washington Co. Md.

Mother's Maiden Name: Amelia Carr

Mother's Birthplace: Washington Co. Md.

Name of person giving information: Alexander Mitchell

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction — How long: One week

Immediate: Apnoea — How long: Two hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. D. and F. G. Mitchell

Address: Monkton & Glencoe

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Montgomery, Samuel.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Healdsville — County: Platte

Date of death: Month: Sept — Day: 18 — Age: Years: 64 — Months — Days

Sex: Male — Color or Race: white — Birthplace: Virginia

Occupation: Farmer — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: X

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving Information: X — How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

6-4

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia — How long: 9 yrs

Immediate: Cerebral Effusion — How long: 2 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jerry Hunt

Address: Healdsville. Md

Accident or Suicide? No

LIBRARY BUREAU A68816

Name in Full: Martin Myers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sherwood — County: Balto.

Date of death 1904 — Month: Sept. — Day: 19. — Age — Years: 79 — Months: — — Days: —

Sex: Male — Color or Race: white — Birthplace: Germany

Married, Single or Widowed: widower — Occupation: Farmer

Name of Wife or Husband: Christinia Myers

Father's Name: — — Father's Birthplace: Germany

Mother's Maiden Name: — — Mother's Birthplace: Germany

Name of person giving information: Mrs J Sue Sommers — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile debility — How long: 4 or 5 years

Immediate: Heart Disease — How long: One year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Jarrell

Address: Towson, Md.

Accident or Suicide? No

LIBRARY BUREAU A66516

John Burns Sons

Sustaren cem.

Chestnut Ridge

Name in Full: Charlie Myers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Balto.

Date of death 1904 — Month: Sep. — Day: 29 — Age — Years: 70 — Months: — Days: —

Sex: Mall — Color or Race: (Col) — Birth-place: Md

Occupation: Laborer — Where Residing if not at place of death: Towson

Married, Single or ~~Widowed~~ — Name of ~~Wife or~~ Husband:

Father's Name: Philip Myers — Father's Birthplace: Md.

Mother's Maiden Name: Hannie Redman — Mother's Birthplace: Md.

Name of person giving Information: Geo. Myers Sr. — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights Disease — How long: 2 yrs

Immediate: Dropsy — How long: 6 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Royston Crum M.D.

Address: Towson Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88818

Colored
Cemetery at Lorain

Elliott

Undertaker

Name in Full: William Norbeck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Halethorpe; County: Baltimore

Date of death: 1904; Month: Sept.; Day: 7th; Age: Years: 79; Months: 5; Days: 18

Sex: Male; Color or Race: White; Birthplace: Pennsylvania

Occupation: Carpenter; Where Residing if not at place of death: Halethorpe.

Married, ~~Single or Widowed~~; Name of Wife or ~~Husband~~: Julia Ann Norbeck

Father's Name: Jacob Norbeck; Father's Birthplace: Pa.

Mother's Maiden Name: Catherine Hemler; Mother's Birthplace: Pa.

Name of person giving Imformation: Mrs. A. Wilson Norbeck; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis (Senile); How long: ?

Immediate: Cerebral hemorrhage, Hemiplegia; How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earickson

Address: Elk Ridge, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A83016

G. F. Walker

Name in Full: Still born.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sudbrook — County: Baltimore

Date of death: 1904 — Month: 9 — Day: 26 — Age: Years: — Months: — Days:

Sex: Male — Color or Race: Col'd — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John T. Norris — Father's Birthplace: Md

Mother's Maiden Name: Agnes Harding — Mother's Birthplace: Md.

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born. — How long: 5.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry A. Naylor

Address: Tidewater Md.

Accident or Suicide?

LIBRARY BUREAU A88615

Name in Full: Mrs. M. J. O'Connor

CERTIFICATE OF DEATH

MARYLAND

Died at: The Forrad Sanitarium, Town: Relay, County: Baltimore Co.

Date of death: Month: Sept, Day: 19, 1904

Age: Years: 33, Months, Days

Sex: Female

Color or Race: White

Birthplace: Ireland

Occupation: Housewife

Where Residing if not at place of death: 144 E. Hughes Ave Baltimore Md

Married, ~~Single~~ or Widowed

Name of Wife or Husband

Father's Name: Jno. O'Connor

Father's Birthplace: Ireland

Mother's Maiden Name: Margaret O'Connell

Mother's Birthplace: Ireland.

Name of person giving information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Delerium (Alcoholic) — How long: 3 days

Immediate: Heart failure — How long:

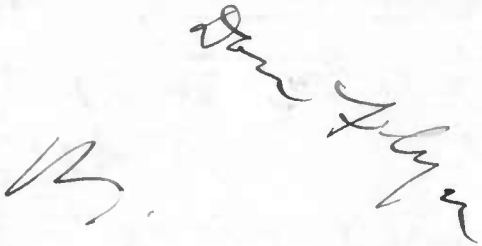
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Louis H. Grundy M.D.

Address: Relay. Md

Accident or Suicide?

LIBRARY BUREAU A88516



Name in Full: Lena Irene Owens

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lansdowne; County: Baltimore Co

Date of death: 1904; Month: 9th; Day: 24th; Age: 41 Years; 9 Months; Days:

Sex: Female; Color or Race: Colored; Birthplace: Lansdowne Balto Co

Occupation: Housekeeper; Where Residing if not at place of death: Philadelphia

Married, Single or Widowed: —; Name of Wife or Husband: James Owens

Father's Name: Israel Riley; Father's Birthplace: Balto Co Md

Mother's Maiden Name: Margaret Neal; Mother's Birthplace: Balto Co Md

Name of person giving Information: Margaret Neal; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis; How long: 3 days

Immediate: Meningitis; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Winterson

Address: Eldridge Md.

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full

Mrs Mary A. Parks

Certificate of Death

Died at Town Livingston County Bacto MARYLAND

Date 19 04 Month Sept Day 10 | Age Y. 92 M. 2 D. 1 | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Wife~~ Husband of Elisha A. Parks

Father's Name W. J. Worrell | Mother's Maiden Name Rachel Worrell

Cause of Death: Primary Cortical Sclerosis | How long sick 7 months

Immediate Softening Brain | ~~Accident, Suicide, Homicide~~

Reported by Dr. H. B. Baldwin

Address Cedarpoint Md. Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70509

Mt. Carmel Sherwood
Cemetery Sec. 12.

M. B Brooks

Name in Full: Fannie R. Price . 137

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Sweet Air; County: Balto

Date of death: Month: Sept; Day: 14; Year: 1904; Age: Years: 35; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Balto. Co.

Occupation:

Where Residing if not at place of death:

~~Married~~ Single ~~or Widowed~~

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Price; Father's Birthplace: —

Mother's Maiden Name: Jennie Gore; Mother's Birthplace: Harford Co.

Name of person giving information: Jos. Blair; How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning accident; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Slade Bros & Co

Address: Long Green Balto Co. Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A88518

Duplicate

Name in Full: Louise Price

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sweet Air — County: Balto

Date of death: 1904 — Month: Sept — Day: 15

Age: Years: 65 — Months: 10 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Harford Co

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Jesse Price

Father's Name: — Gore — Father's Birthplace: Md

Mother's Maiden Name: Not Known — Mother's Birthplace: Md

Name of person giving Imformation: Joseph Blair — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cor. Inquest, Verdict, Cause "Not Known" — How long: Immediate

Immediate: Supposed to be drowned — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. T. H. Gosnell

Address: Sim Off, Md Dist

Accident ~~or Suicide~~?

LIBRARY BUREAU A89616

The within Statement is hereby verified -

Jno. T. Ambrose "Coroner"

Name in Full: Howard Quickley 142

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green; County: Baltimore

Date of death 1904: Month: Sept.; Day: 23

Age: Years: 2; Months: 9; Days:

Sex: Male

Color or Race: Colored

Birthplace: Balto. Co. Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown

Father's Birthplace:

Mother's Maiden Name: Eliza Quickley

Mother's Birthplace: Balto. Co. Md.

Name of person giving In formation: Rachel Wells

How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal disease

How long: one year

Immediate " "

How long " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. A. Green,

Address: Sittings, Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A8S5I8

Name in Full: William Asbury Ramey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Grange — County: Balto

Date of death 1904 — Month: Sept. — Day: 16 — Age — Years: 73 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: Seaman (Retired) — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Margaret Ramey

Father's Name: Dont Know — Father's Birthplace: Va.

Mother's Maiden Name: Dont Know — Mother's Birthplace: Va.

Name of person giving Information: J. H. Ramey — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Gangrene — How long: 4 weeks

Immediate: Exhaustion — How long: 7 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McCarroy M.D.

Address: 839 S. Caroline

Filed 1904

Accident or Suicide?

LIBRARY BUREAU A66816

Remove to 2840 E. Hoffman St.

A. Nicolaus & Son

1820 Canton Ave

Name in Full

Certificate of Death

Mary Elizabeth Sandford

Died at Town: Roland Park County: Balto. MARYLAND

Date 1904 Month: Sept. Day: 15 | Age Y. 64 M. D. | Native of Md | Occupation Wife

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

~~Husband~~ Wife of Capt. A. V. Sandford

Father's Name: Jno McNabb | Mother's Maiden Name: Eliza Lobb

Cause of Death: Primary: Pulmonary Congestion | How long sick

Immediate: Asthenia | Accident, Suicide, Homicide

Reported by Henry L. Carey M.D.

Address Roland Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70828

Name in Full: Margaret Schmidt

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Woodlawn (County) Balto

Date of death 1904 Month Sept Day 27 Age Years 76 Months Days

Sex Female Color or Race White Birthplace German

Occupation House Work Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information L Reublich How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Mitral Stenosis Paramechyntoma Pulmonis How long 5 years

Immediate Cardiac Insufficiency How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. C. Smith

Address Woodlawn Sta. Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY MJBLAJ A33616

Western Cemetary.

Name in Full: John A Schultz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rossville — County: Balto

Date of death: 1904 — Month: Sept — Day: 11 — Age: Years: 9 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Christian Schultz — Father's Birthplace: Germany

Mother's Maiden Name: Hannah Peters — Mother's Birthplace: Md

Name of person giving Information: Wm Little — How related to deceased: Step Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis — How long: 6 weeks

Immediate: Pulmonary Edema — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Wallace

Address: Rossville Md

Accident or Suicide? No

LIBRARY BUREAU A6881Q

Name in Full: Malinda Schreiber

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Rossville (County) Balto

Date of death: (Month) Sept (Day) 9 (Year) 1904

Age: (Years) 4 (Months) 1 (Days)

Sex: Female

Color or Race: White

Birthplace: —

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Schreiber

Father's Birthplace: Md

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Frank Schreiber

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 3 mos.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Ellmaker

Address: Rossville Md

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Mrs C. M. S Selin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rossville — County: Balto

Date of death 1 90: Month: Sept — Day: 14 — Age: Years: 84 — Months: — — Days: —

Sex: Female — Color or Race: W White — Birthplace: Germany

Occupation: — — Where Residing If not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Mrs Geo Solomon — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infirmities of old age — How long:

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C Wallace

Address: Rossville Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Annie Seubert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Highlandtown — County: Baltimore

Date of death: 1904 — Month: Sept — Day: 6 — Age: Years — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Thomas Seubert — Father's Birthplace: Germany

Mother's Maiden Name: Ursula Neuslein — Mother's Birthplace: "

Name of person giving Information: Thomas Seubert — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Convulsions — How long: 1/2 hrs.

Immediate: Cardiac Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. A. Glantz M.D.

Address: 41 Easter Ave

Accident or Suicide?

LIBRARY BUREAU A66516

Sacred Heart Cemetery

Sept 8th 1904

Germaine France

Name in Full: William H. Shuttler.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): St Denis (County): Baltimore

Date of death: Month: Sept. Day: 20th 1904

Years: Age 64 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Maryland.

Occupation: Flagman Where Residing if not at place of death: St Denis, Md.

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Mary Shuttler

Father's Name: Henry Shuttler Father's Birthplace: Maryland

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: Mrs. John Haegerty How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Aortic Insufficiency How long: Several years

Immediate: Acute dilatation(?) How long: 5 minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earleckson,

Address: Elk Ridge, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A83618

Name in Full: Jennette Henretta Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pimlico — County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age — Years	Months	Days
1904	September	22nd	—	three	seven

Sex	Color or Race	Birthplace
female	White	Pimlico

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: — — — —

Father's Name	Frank Smith	Father's Birthplace	Pimlico
Mother's Maiden Name	Emma Rosina Klemper	Mother's Birthplace	Baltimore Md.
Name of person giving Information	Mr. Frank Smith + Wife	How related to deceased	Parents

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Marasmus	How long	one month + twelve days
Immediate	Cardiac Asthenia	How long	three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Josiah S. Bowers

Address: Int. Washington, Balto. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Greenmount Cemetery

Name in Full: Richard Sparks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grove Road — County: Baltimore

Date of death: 1904 — Month: Sept — Day: 1st — Age: Years: 16 — Months — Days

Sex: male — Color or Race: White — Birthplace: Grove Road

Occupation: Farmer — Where Residing if not at place of death: Grove Road

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Theodore Sparks — Father's Birthplace: White House

Mother's Maiden Name: Cooper — Mother's Birthplace: Hanksdead

Name of person giving Information: Theodore Sparks — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis — How long: 10 days

Immediate: Peritonitis — How long: two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. H. Preston M.D.

Address: Manchester

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Infant — 139

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork Avon — County: Balto

Date of death: 1904 — Month: Sept. — Day: 13

Age: Years: ✓ — Months: one — Days: ✓

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: ✓ — Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ — Name of Wife or Husband: ✓

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Saml Steward — Father's Birthplace: Md

Mother's Maiden Name: — Knott — Mother's Birthplace: Md

Name of person giving Information: Jno Arthur — How related to deceased: None

CAUSES OF DEATH

Primary: Inanition — How long: all its life

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas F Hyland

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Sarah J. Taft

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Towson — County: Balto

Date of death 190 4 — Month: Sept — Day: 1

Age — Years: 57 — Months: 10 — Days: 8

Sex: female — Color or Race: White — Birthplace: Balto.

Married, Single or Widowed: married — Occupation: None

Name of ~~Wife~~ Husband: Fred J. Taft

Father's Name: Samuel Speakin — Father's Birthplace: England

Mother's Maiden Name: Mary Whitely — Mother's Birthplace: Md.

Name of person giving information: Fred J. Taft — How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis. Acute Chron. — How long: 4 days

Immediate: Exhaustion — How long: 7 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Rush Dunton Jr

Address: Towson, Md.

Accident or Suicide? no

LIBRARY BUREAU A88518

Chas. E. Franck

746 N. Eutaw St

Baltimore Md

Name in Full: Andrew S. Tase

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pleasant Hill; County: Batto

Date of death 1904: Month: Sept; Day: 15.

Age: Years: 60; Months: 4; Days: —

Sex: Male

Color or Race: white

Birthplace: Penna

Occupation: Farmer

Where Residing if not at place of death: near Pleasant Hill

Married, Single or Widowed: married

Name of Wife or Husband: of Emma Tase

Father's Name: John Tase

Father's Birthplace: Penna

Mother's Maiden Name: Hanna Barkdul

Mother's Birthplace: "

Name of person giving information: Mary A Daymude

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever.

How long: 2 weeks.

Immediate: Hypostatic Pneumonia

How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Hubert Buckley

Address: Reisterstown Maryland.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Joseph Clyde Taer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Baltimore

Date of death 190: Month: Sept; Day: 16; Age: Years: 11; Months: 6; Days: —

Sex: Male; Color or Race: White; Birthplace: Balto Co

Occupation: —; Where Residing if not at place of death: Sudbrooks Lane

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Joseph Taer; Father's Birthplace: Pa

Mother's Maiden Name: Keturiah Mitten; Mother's Birthplace: Carroll Co

Name of person giving Information: Joseph Taer; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long: —

Immediate: coming in contact with a live wire; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Coroner: W P Cogham

Address: Pikesville Balto Co Md

Accident or Suicide? accident

LIBRARY BUREAU No 8516

Name in Full: Jennie Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore; County: Baltimore

Date of death 1 90: Month: Sept.; Day: 27; Age: Years: 45; Months: 4; Days: 17

Sex: Female; Color or Race: White; Birthplace: Edgemont

Occupation: Housewife; Where Residing if not at place of death: Baltimore

Married, Single ~~Widowed~~; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David Harter; Father's Birthplace:

Mother's Maiden Name: Catherine Young; Mother's Birthplace: Fotrell

Name of person giving information: Benjamin F. Jung; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 79; How long:

Immediate: Heart-Disease; How long: 2 Years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Benjamin F. Jung

Address: Undertaker, Smithsburg

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Agnes Tieghman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville — County: Baltimore

Date of death 1904: Month: 9 — Day: 22 — Age: Years: 33 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Baltimore Co.

Married, Single or Widowed: married — Occupation: Washwoman

Name of Wife or Husband: Geo. Tieghman.

Father's Name: Geo. Campbell — Father's Birthplace: Md

Mother's Maiden Name: Maria Campbell — Mother's Birthplace: Md

Name of person giving In formation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia – Premature Labor. — How long: 6 days.

Immediate: Exhaustion. — How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry A. Naylor

Address: Pikesville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: infant of Geo & Agnes Tilghman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville — County: Baltimore

Date of death: Month: 9 — Day: 20 — 1904

Age: Years: — Months: — Days: —

Sex: male — Color or Race: Col'd — Birthplace: Pikesville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Geo Tilghman — Father's Birthplace: Md

Mother's Maiden Name: Agnes Campbell — Mother's Birthplace: Md.

Name of person giving Information: Martha Campbell — How related to deceased: Her Grand Par

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematurity birth. 6 hrs. — How long

Immediate: following Pneumonia. — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry G. Naylor

Address: Pikesville Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Henry Trischmann

CERTIFICATE OF DEATH

MARYLAND

Died at: Canton (Town) Balto. (County)

Date of death: 1904 — Month: 9 — Day: 29th

Age: Years 42 — Months 8 — Days 21

Sex: Male

Color or Race: White

Birthplace: Balto.

Occupation: Salesman

Where Residing if not at place of death: 26 Second St.

Married, Single or Widowed: Married

Name of Wife or Husband: Mary E. Trischmann

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: M.E. Trischmann

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteric's Fever — How long: 5 weeks

Immediate: Pericarditis - Collapse — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. W. Schneider M.D.

Address: 101 E Canton St

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66618

Herwig and Anna

Mt. Carmel Ave.

Name in Full: Unknown Man

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poplar — County: Balto

Date of death: Month: Sept 1904 — Day: 3rd

Age: about 30 — Months — Days

Sex: Male — Color or Race: white — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Killed By B&O Train — How long

Immediate: ~~Ass Phis~~ — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Wm T Jenkins M D

Accident or Suicide?

LIBRARY BUREAU AB5616

Name in Full: Daniel J. wall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chattalona; County: Bath

Date of death: Month: Sept; Day: 29; 1904

Age: Years: 64; Months: ; Days:

Sex: male

Color or Race: Colored

Birthplace: Md

Occupation: white washer

Where Residing if not at place of death: Chattalona

Married, Single or Widowed: Maried

Name of Wife or Husband: Anna wall

Father's Name: John wall

Father's Birthplace: Dorchester Co

Mother's Maiden Name: Sophia Camphor

Mother's Birthplace:

Name of person giving Information: Seven E wall

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonanalis

How long: about 8 Months

Immediate: "

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W S E Wyn

Address: Princess Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Margaret A Wallon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Hope — County: Baltimore

Date of death 190[illegible] — Month: Sept — Day: 25th — Age: 42 — Years — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: None — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife or~~ Husband: Wm. H. Wallon

Father's Name: — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: Ireland

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Mania — How long: 8 yrs

Immediate: Exhaustion & Toxemia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. B. Emson M. D.

Address: Mt Hope Md

Accident or Suicide? no

LIBRARY BUREAU A66616

Name in Full: Elmer Ellsworth Warch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Turners Sta. County: Balto.

Date of death: 1904 Month: Sep. Day: 17 Age: Years: 8 Months: 8 Days: 15

Sex: male Color or Race: white Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Turners Sta

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Warch Father's Birthplace: Ga

Mother's Maiden Name: Elizabeth Meisner Mother's Birthplace: Germany

Name of person giving Information: John Warch 79 How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart How long: all life

Immediate: Bronchitis How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. C. McCormick M.D.

Address: Sparrows Point Md

Accident or Suicide? no

LIBRARY BUREAU A65016

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Randallstown Town — Baltimore County

Date of death 1904 — Month Sept — Day 18th

Age — Years 1 — Months 4 — Days —

Sex boy — Color or Race Black — Birth-place Randallstown

Occupation — Where Residing if not at place of death Randallstown

Married, Single or Widowed — — Name of Wife or Husband — .

Father's Name — — — Father's Birthplace —

Mother's Maiden Name Isabel Waters — Mother's Birthplace Maryland

Name of person giving In formation Geo. Waters — How related to deceased Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Pneumonia — How long 2 week

Immediate Paralysis Respiration — How long 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R. C. Smith

Address Woodlawn Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A38513

Name in Full: Dorothea Stenecke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruxberg — County: Balto

Date of death: Month: Sept — Day: 2 — Years: 72 — Months — Days

Sex: female — Color or Race: white — Birth place: Germany

Occupation: house work — Where Residing if not at place of death: Ruxberg

Married, Single or Widowed: widowed — Name of Wife or Husband: William Stenecke

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer Stomach — How long: 6 mo

Immediate: Exhaustion — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Cox MD

Address: Gardenville Md.

Accident or Suicide? No

LIBRARY BUREAU A85016

Name in Full: John Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Lutherville County: Balto

Date of death: Month: Sept. Day: 2 Year: 1904 Age: 84 Months: 9 Days:

Sex: Male Color or Race: White Birthplace:

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Name or Wife or Husband: Ellen Williams

Father's Name: John Williams Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Thomas Sutton How related to deceased: Neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age How long:

Immediate: How long about one month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Payne M.D.

Address: Corbett Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Alverta Lee Wisner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Evergreen; County: Balto Co

Date of death: Month: Sept; Day: 17; Year: 1904

Age: Years: 34; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Balto Co

Occupation: Canvasser

Where Residing if not at place of death: 119 Cedar Ave

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wm Wisner

Father's Birthplace: Balto Co

Mother's Maiden Name: Elizabeth Wisner

Mother's Birthplace: " "

Name of person giving information: Mrs Jennie Ogg

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 7 yrs

Immediate: Diarrhoea — How long: 3 wks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Tracy Calyer

Address: 342 Roland Ave. Balto Md

Accident or Suicide? No

LIBRARY BUREAU A68816

A. S. Marshall
3539 Fall Road
Druid Ridge
Sept 14 04

Name in Full: Ephraim Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cronkart — County: Balto.

Date of death 1904 — Month: 9 — Day: 12 — Age: Years: 55 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto. Co.

Married, Single or Widowed: Widower — Occupation: None

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Mr Jones — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

1904

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: about 2 days

Immediate: Heart Disease — How long: about 2 hours

Are the name, age, sex, color, date and place correctly given above? W. O. E. Wyn

Signature of Physician

Address: Pikesville

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Theresa M. Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death: Month: Sept; Day: 3rd; 1904

Age: Years: —; Months: 5; Days: 1

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bernard Wolf — Father's Birthplace: Md.

Mother's Maiden Name: Theresia Thanner — Mother's Birthplace: Germany

Name of person giving Information: Theresia Wolf — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 1 [illegible]

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. N. Athey

Address: [illegible]

Accident or Suicide? —

LIBRARY BUREAU A88516

Sacred Heart Cemetery

Sept. 5½ 1904

Germanus Franco

Undertaker

Name in Full: Willis Ann Yard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lake Station — County: Baltimore

Date of death 190: Month: Sept — Day: 23 — Age: Years: 58 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband:

Father's Name: Allan Paine — Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Paxton — Mother's Birthplace: Maryland

Name of person giving information: Gordon Paine — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetes Mell. — How long: I do not know

Immediate: Nephritis — How long: " " " "

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas L. Shearer

Address: 345 N. Charles St

Accident or Suicide? No

N.B.: Only saw patient twice

LIBRARY BUREAU A88516

Name in Full: Geo L Young

CERTIFICATE OF DEATH

. MARYLAND

Died at: Middle Ridge — Town — County: Balto

Date of death: Month: Sept — Day: 18 — Year: 1904 — Age: 88 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Colrm	Birthplace: Md	
Occupation: Farmer	Where Residing if not at place of death:		
Married, Single or Widowed: Widow	Name of Wife or Husband:		
Father's Name:		Father's Birthplace:	
Mother's Maiden Name:		Mother's Birthplace:	
Name of person giving Information: Ed. Young		How related to deceased: Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypostasis Heart disease	How long: 6 Mo -	
Immediate:	How long:	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: C Mace	
	Address: Rossville Md	
Accident or Suicide?		

LIBRARY BUREAU A85516